



2005 12:13PM KCI Legal IP

No. 5072 P. 2

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000030159 7590 12/07/2004

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*Susan Love Kimbrell* (Depositor's name)  
*Susan Love Kimbrell* (Signature)

January 12, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/619,286	07/14/2003	Wladyslaw H. Krywczanin	ROT.706D	9335

TITLE OF INVENTION: DATA AND POWER INTERFACE FOR THERAPEUTIC BED

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 1400	\$300	\$1670 1700	03/07/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
GROSZ, ALEXANDER	3673	005-607000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KCI Licensing, Inc.

San Antonio, Texas USA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

Issue Fee **1400**  
 Publication Fee (No small entity discount permitted) **300**  
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## 4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **500326** (enclose an extra copy of this form).

## 3. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Robert W. MasonDate January 12, 2005Typed or printed name Robert W. MasonRegistration No. 42,848

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**Date:** January 12, 2005 **No. of Pages:** 3

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**FAX:** 703-746-4000

**FROM:** Robert W. Mason **DEPARTMENT:** Legal

**FAX:** 210 255 6969 **PHONE:** 210 255 6271

**Message:**

**Re:** Application No.: 10/619,286  
Filing Date: 07/14/2003  
Confirmation No.: 9335  
Attorney Docket No.: ROT.706D.US

Dear Sir or Madam:

Attached in reference to the above-identified patent application, please find the following:

1. Part B – Fee(s) Transmittal in duplicate
  - a. Pay Issue and Publication Fees of \$1700;
  - b. Request assignee name to appear on patent; and
  - c. Authorizing payment of total fees of \$1700 from Deposit Account Number: 500326 – Kinetic Concepts, Inc.

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Mailing:

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